

DISTRICT OF COLUMBIA
Office of Administrative Hearings

<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center; padding: 5px 0;">Appellant(s),</div> <div style="text-align: center; padding: 5px 0;">v.</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: center; padding: 5px 0;">Appellee(s)</div>	<div style="border-left: 1px solid black; padding-left: 10px;">Case No(s).: <div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div></div>
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Motion for Continuance

☐ Petitioner(s) ☐ Respondent(s) hereby request(s) a continuance of the hearing scheduled for the _____ day of _____, _____, at _____ AM/PM for the following reason(s) (continue on additional sheet, if necessary):

I/We request that the hearing be rescheduled for one of the following two dates:

_____ **OR** _____

- ☐ I certify that I contacted the opposing party or his/her authorized representative, _____ (name), regarding this motion on _____ (date) and he/she has stated that he/she:
- ☐ consents or does not oppose.
 - ☐ opposes.

- OR -

- ☐ I certify that I made a good faith effort to contact the opposing party or his/her authorized representative, _____ (name), regarding this motion on _____ (date) by telephone/fax/mail (circle all that apply) but have not received a response as of _____ (date).

Name of Person Submitting Motion	Firm/Office/Business (if applicable)
Address	Telephone Number
City	Facsimile Number
State	Zip Code

I certify that I have faxed/mailed/hand-delivered (circle all that apply) a copy of this document to the ☐ Petitioner ☐ Respondent or his/her authorized representative, _____ (name), at the following address on _____ (date):

(Signature)

SO ORDERED: GRANTED ☐ DENIED ☐
NEW DATE/TIME: _____

Presiding Administrative Judge